

## What Is The Vaccines For Children Program?

The Vaccines for Children (VFC) program provides vaccines that are recommended by medical experts to eligible children.



## Is My Child Eligible?

Children birth through 18 years old can get VFC vaccines if they:

- Are Medicaid eligible or Medicaid-Enrolled
- Have no health insurance
- Are American Indian or Alaska Native
- Have health insurance, but coverage does not include vaccines.



Ozaukee County:

121 W Main St Room 246  
Port Washington, WI 53074  
262-284-8170

Washington County:

333 E Washington St Suite 1100  
West Bend, WI 53095  
262-335-4462



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## Washington Ozaukee Public Health Immunization Program



**Table 1** Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Hepatitis B (HepB)	1 <sup>st</sup> dose	← 2 <sup>nd</sup> dose →			← 3 <sup>rd</sup> dose →												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			← 4 <sup>th</sup> dose →				5 <sup>th</sup> dose					
Haemophilus influenzae type b (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes		← 3 <sup>rd</sup> or 4 <sup>th</sup> dose, See Notes →										
Pneumococcal conjugate (PCV13, PCV15)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose		← 4 <sup>th</sup> dose →										
Inactivated poliovirus (IPV <18 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose		← 3 <sup>rd</sup> dose →						4 <sup>th</sup> dose					See Notes
COVID-19 (1vCOV-mRNA, 2vCOV-mRNA, 1vCOV-aPS)										2- or 3- dose primary series and booster (See Notes)							
Influenza (IIV4) or Influenza (LAIV4)										Annual vaccination 1 or 2 doses				or	Annual vaccination 1 dose only		
												Annual vaccination 1 or 2 doses			Annual vaccination 1 dose only		
Measles, mumps, rubella (MMR)					See Notes		← 1 <sup>st</sup> dose →					2 <sup>nd</sup> dose					
Varicella (VAR)							← 1 <sup>st</sup> dose →					2 <sup>nd</sup> dose					
Hepatitis A (HepA)					See Notes					2-dose series, See Notes							
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														1 dose			
Human papillomavirus (HPV)														See Notes			
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)														1 <sup>st</sup> dose		2 <sup>nd</sup> dose	
Meningococcal B (MenB-4C, MenB-FHbp)																	See Notes
Pneumococcal polysaccharide (PPSV23)																	See Notes
Dengue (DEN4CYD; 9–16 yrs)																	Seropositive in endemic dengue areas (See Notes)

Range of recommended ages for all children    Range of recommended ages for catch-up vaccination    Range of recommended ages for certain high-risk groups    Recommended vaccination can begin in this age group    Recommended vaccination based on shared clinical decision-making    No recommendation/not applicable

## Access Wisconsin Immunization Registry

Step 1: visit



<https://www.dhfs.wisconsin.gov/pr/clientSearch.do?language=en>

Step 2:

Enter first name and last name, birth date MM/DD/YYYY, and one of the following:

- Social Security Number
- Medicaid ID Number
- Health Care Member ID Number

Step 3:

Click the search button for vaccine records and a list of recommended vaccines.

If you're having trouble viewing the record, call your doctor's office or the Local Health Department.

## Daycare Vaccine Recommendations:

Vaccine Type	Vaccine Doses Required By:			
	5-15 Months	16-23 Months	2-4 years	K-5 Entrance
DTP/DTaP/DT	2	3	4	4
Polio (IPV)	2	2	3	4
MMR	0	1	1	2
Hepatitis B	2	2	3	3
Hib	2	3	3	
Pneumo (PCV)	2	3	3	
Varicella	0	0	1	2

## School Vaccine Recommendations:

Vaccine Type	Vaccine Doses Required By:			
	Grade K4	Grades K5-6	Grades 7-11	Grade 12
DTP/DTaP/DT/Td	4	4	4	4
Tdap	0	0	1	1
Polio (IPV)	3	4	4	4
MMR	1	2	2	2
Hepatitis B	3	3	3	3
Varicella	1	2	2	2